	Tt.	em 20 Film 24 MARYLAND STATE DEPARTME	INT OF HEALTH—BALTIMORE, 18	acasa
		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	notira
FOR STATE		8052	Reg. D	ist. No.
HEALTH DEPT.	1.	COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	ence before admission)
8 8 8 E	1	KEN MARYLAND	o. STATE	ent
ag ag a	b	CIT) OR TOWN (If outside perforate limits write tural C. LENGTH OF STAY IN 16	c. GITY)OR TOYEN (If outside corporate limits, write RURAL and	d give negrest town)
\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	lock give record town	XKock Hall	
rees and rees	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
X			4	ON A FARM?
E Te Te Te	-			(AE2 □ NO □
fund fund Sta dea dea		NAME OF First // Middle	A Last A DATE Month	Doy Year
0 - 0		type or pripale to the terliber to bour	n Datchelon DEATH July	2.3 1959
5 ± 0	5, 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9 AGE (In year) IF UNDER	
170 E 3		Male WIDOWED DIVORCED	11-5-52 6 yrs. Months	Days Hours Min.
2 d e a b d d e a b d d e a b d d e a b d d e a b d d e a b d	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI uring most of starking life, even if retired)	RY 11. BIRTHPLACE (State or toping country) 12. CIT	IZEN OF WHAT COUNTRY?
2992	9	July T	Minn And	1/64
4-2-4	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME - / 3	431
2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		11/1/30 Stateles	Halon Flhanna	
A B B B	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. IN	FORMAND Address	
ス冷空間 ト		no. et julnoyn) (It yes, give wor et detes of service)	Addren Addren	
		140	14014	
9 50		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	A	INTERVAL BETWEEN ONSET AND DEATH
lem. Slong		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF ACCIPATION	derowning	
See V		850 X DUE TO		
100 E E		Conditions, if ony, which } (b)		
2 2 2 2 2		gave rise to immediate cause		
o b e e		(a), stating the underlying DUE TO		
Sha sha	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T MAN 19 WAS AUTOPSY
ad Adie	CATION			PERFORMED?
Cres Cres	5	OA. BYTCHILL CAUSE WAS DOS DOS DOS DOS DOS DOS DOS DOS DOS DO		YES NO P
of bed	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING D CAUSE OF DEATH.	ner notwo of injury in Port or Port il of item (1) companing in a row boat with compani	ion.
er N burit	100000	the reached overboar	d and fell into the water.	
Ship o	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (Cor bry, street, affice bldg., etc.)	unty) (State)
ting the Chart	MED	THE THE PARTY OF T		ent Maryland
Marie San		2). I certify that I took charge of the cemains described about	ve, beld an Autopsy , Inspection , Inquir	ry . and in my
X Die		opinion death resulted from: Natural causes []. Accident		, seed.
1 9 9 0 g		opinion dealin resolved from: Notice are causes [].	, Sucroe , Houncide , Gnoelermmed	monner
PER		ACTUAL (1/18/10 // // TOURS)	CHEC MENTAL EVANDARS TO	DATE SIGNED
		SIGNATURE (1) (LUCLU) (.) FRUETON	_M.D. CHIEF MEDICAL EXAMINER []	7/22/06
Thy MEI		EXAMINER'S	ASSISTANT MEDICAL EXAMINER	1/23/37
Tage P		NAME (Type)	DEPUTY MEDICAL EXAMINER	
Shaul Shaul FUNE	220	BURIAL, CREMATION, 726. DATE THEREOF 220. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, town, or county)	(State)
0 4 4 0 9	X	OURIAL 1/125/59 Wesley Ch	Apel NOCK HALL	Md
H H	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
VS. A15ME 5M 2/57	4	Aran & Some Church Hill	DATE JUL 3 0 '59 Collun S.	Thomas
	L.	7		

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FOR STATE

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ONE OMEDICAL EXAMINER'S CERTIFICATE OF DEATH

08024

	0000				Reg, Dist. N	Vo.
PLACE OF DEATH	Kent	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution to the countries of		
b. CITY OR TOWN II and give nearest low	It outside corporate limits, write RURA n) Rural	c. LENGTH OF STAY IN 16	Korton	f outside carporate limits, write Rura 1	RURAL and give	neorest town)
		in hospital, give street address)	d. STREET ADDRESS	- Kurar		e IS RESIDENC ON A FARM YES NO
NAME OF DECEASED (Type or print)	Margaret Margaret	Middle Be	tosi SSO	4. DATE Month of July	b 00 22	
remale	Tim 2.4	ARRIED NEVER MARRIED B.	May 30,187	9. AGE In years	IFUNDER TYEA	R IF UNDER 24 HR Hours Min.
during most of worki	ON (Give kind of wark done no life, even if retired)	HOME	}	or foreign country) Creland		S. A.
13. FATHER'S NAME	MICHAELO	loughran	14. MOTHER'S MAIDEN	unknown		
15. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give wer-or dotes of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT Willis Wel:	Address		Mđ.
Conditions, if a gave rise to imme (a), stating the cause lost. PART II. OT Carci	underlying DUE TO (c). HER SIGNIFICANT CONDITION	Arterio sclero	OT RELATED TO THE TERM	IINAL DISEASE CONDITION GIV	sease s	Several years 19. WAS AUTOPS PERFORMED? YES NO
200. EXTERNAL CA PRIMARY D or CO CAUSE OF DEATH	USE WAS 206. DE	CRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	rt 1 or Part II of item 18.)		
20c. TIME OF INJU	none .	20d. INJURY OCCURRED 20e. PLAC While Net while facts at work at work	CE OF INJURY (Home, form bry, street, office bldg., etc.	n. 20f. (City or town)	(County)	(Sløte
actual signature Examiner's INAME (Type)	Robert W. Fa	re, M. D.	_M.D. CHIEF MEDICAL E. ASSISTANT MEDIC DEPUTY MEDICAL	Homicide, Undete	rmined mon	DATE SIGNED
BUR AL	1-25-3	STILL POND, ADDRESS STILL POND,	MD. 240. REC		STRAR'S SIGNATION & KA	

DEPUTY MEDICAL EXAMINER

service the certificate, writing the start "pending" in pending them, 18. Give Pages 1, 2, and 3. The funeral director. Page 4 should worked to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

> FUNERAL RECTOR: Page 3 should be used as a lavinal-transit permit. File pages 1 and 2 with the Start and of Health, or its designated agent, prior to buriot, cremation, or removal, and is any event with 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER 4 should TO FUNERA VS. ATSME 5M 2/57

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		number of	Table Siles	100
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		ed Maritan III III		
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6- \3E\2			The second second	
FAID.		ig swan zama Renawa a		

n 24 hours ofter death. Page 4

may be retained by the haspital at Mending physician. **D FUNERAL**RECTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shows be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

IAN: The low requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PI

TO FUNERA

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8040 **CERTIFICATE OF DEATH**

			£	ì	50	A	2	ŧ
Red.	Dist.	No.	- 1	F	0	11	4	

					Keg, Dist. No.
1. PLACE OF DEATH o. COUNTY	Kent	MARYLAND	2. USUAL RESIDENCE (WHO STATE Maryl:	ere deceased lived. If institution and b. COUNTY	Residence before admission)
b. CITY OR TOWN (M RURAL and give ne	outside corporate limits, write orest town)		c. CITY OR TOWN (IF o	ulside corporale limits, write RUF	RAL and give nearest town)
Ches	stertown	7 days	Cheste	ertown R.D. 1	17×-2
d. NAME OF HOSPITA OR INSTITUTION Kent &	AL (If not in hospital, give stree		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Kent &	Queen Anne	Hosp.	Cheste	er Motel	YES NO
3. NAME OF DECEASED (Type or print)	First EMORY	MILLER BONG	VILL Last	4. DATE Month OF DEATH JULY	30 /59 19
5. SEX	W widow	WED DIVORCED	B. DATE OF BIRTH June 2518	lost birthday) 7	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATIO during most of work	ON (Give kind of work done 100 ing life, even if retired)	6. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or fareign Country)	12. CITIZEN OF WHAT COUNTR
Manager	3	Motel	Kent Co		U.S.A.
13. FATHER'S NAME			14, MOTHER'S MAIDEN N	IAME	•
	Bonwill		Florence	ce May Miller	
15. WAS DECEASED EVER (Yes. ne. or unknown) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17, H 18-14-0891 N	Mrs. Adel B.	Bonwill Ch	nestertown.
PART I, DEAT	TH [Enter only one couse per TH WAS CAUSED 8Y: K IMMEDIATE CAUSE (o)	line for (o), (b), and (c).] Lidney failure			INTERVAL BETWEEN ONSET AND DEATH
9/6, 1 Conditions, if on gave rise to in	n mediate (0)	ensive thermal	burns		7 days
Cause (a), stating t lying couse lost.	(c)				
N N N N N N N N N N N N N N N N N N N					N IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NOWD
	S UNDERLYING 20 206. DE CAUSE OF DEATH OT	filled tank fro	D. (Enter nature of injury in to om open gasoli	on for for 11 of item 18.) Wine can-fire and	ith motor runing dexplosion.
20c. TIME OF INJURY Haur o. m. 1: 30p. m.	Month, Day, Year 20d. July 23 1959 of we	INJURY OCCURRED 20e: PL	ACE OF INJURY (Home, farm crary, street, office bldg., etc.	Near Chesterton	(County) (State)
	at I attended the decea		. 19 59. to 7-		that I-läst saw the decease
alive an 7-30					d an the date stated abov
ACTUAL SIGNATURE	actions	L		ADDRESS (Street, city or town, sto Town, Maryland	•
PHYSICIAN'S NAME (Type)	A.C. Dick				7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
220 BURIAL, CREMATION REMOVAL ISPECITY) BUTLAL	N. 226. DATE THEREOF Aug. 1 /59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or Chestertown	A. 14
23. FUNERAL DIRECTOR'S		ADDRESS			RAR'S SIGNATURE
Marvin V	. Williams	Chestertown.	Md DATEATIO	5 '59 01	4

CSUBIL MAN AND And the last the last transfer of the control of th and a common program of the LAM resolution and the All States

22c NAME OF CEMETERY OR CREMAT

Georgetown Cemeter

ADDRESS

e. IS RESIDENCE ON A FARM? YES NO TX

Yeor

59 19

Kent

Day

12. CITIZEN OF WHAT COUNTRY?

6

Days

U.S.A.

nie Mier						
т		Address				
R. Brocks	son Jr. C	hesterto	wn, M	d.		
is				TERVAL ISET AL		ATH
scleros	is		+	or	5	years
	NAL DISEASE CON		PART 1(a)	19. WA PER YES	FORM	OPSY ED?
JURY (Home, farm, , affice bldg., etc.	1!	rn) ertown	(County		Md	(Stote)
ed at 10 A	7/6 _M, from the ADDRESS (Street, c certown,	causes and o ity or town, stote)	on the d		ated	
ORY Y		City, town, or cour			tote) Md.	
	BY REGISTRAR	24b. REGISTRAR	S SIGNATI			

VS A1S (4)

BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

buria.

22b. DATE THEREOF

July 9.1959

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE FALTH DEPT. 7. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH Kent o. COUNTY b. COUNTY o. STATE Maryland MARYLAND b. CITY OR TOWN (It outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oleman's Coleman's Corner nr. Worton, Md. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? (RFD Worton) YES NO NAME OF 4. DATE Middle Month Yeor July 19, 1959 Brooks Alonga (Type or print) IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Hours colored WIDOWED MX DIVORCED Mar. 20. 1908 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA various Maryland Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alexander Brooks Alice Piner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ertrude Brooks - Worton, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Coronary Thrombosis PART I. DEATH WAS CAUSED BY: Probably short DUE TO Arteriosclerotic Cardiovascular disease Conditions, if ony, which; gave rise to immediate cause DHE TO (a), sloting the underlying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY DECEASED SUBJECT OF SOME CLIME HE WAS PERFORMED? last seen by a physician 3 or 4 months ago In a state of health not 200 tertenal cause was 1200 health not convert for police of injury months ago. In a state of health not cause of pearly of the usual, last night, he was 283. KULLEY OCCURRED PROS PRACE OF HATORY (HOME FORM, 201. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while of work p. m. 2). I certify that I took charge of the remains described above, held an Autopsy , Inspection 🔂 Inquiry ... and in my RECTOR: opinion death resulted from: Natural causes 🐼 Accident 🗌, Suicide 🧻, Homicide 🔲, Undetermined manner 🗌 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER [7] 7/19/59 **EXAMINER'S** Robert W. Farr DEPUTY MEDICAL EXAMINER XX NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOYAL (Specify) 1950 Coleman's Cem. near - Worton. Md. 0 **ADDRESS** 246. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR MS. A15ME Chestertown, Md. 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE TO DEPUTY MEDICAL EXAMINE:

secure if the finate, writing the word "pending" in pendin them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should reworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refarred by your files.

TO FUNERA T RECTOR: Page 3 should be used as o buriol-transit permit. File pages, and 2 with the States of Health, or its designated agent, prior to buriol, cremation, or removal, and in any evident within 72 hours after death. 31

VS A15ME BM 2757 a. 1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
8056 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Reg. Dist. No. (15) 129

PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)	2
Kent	MARYLAND	o STATE Maryland b COUNTY Baltimore CI	ΓY
b. CITY OR TOWN III outside corporate imits, write RURAL and give hearest lawn)	C LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	-
Betterton	2 Days	Baltimore	
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d STREET ADDRESS	F
Chesapeake Hotel		1419 N. Patterson Pk. Rd. VES NO.	a
3. NAME OF First DECEASED	Middle	Lost 4 DATE Month Doy Year	
(Type or print) Ruth	Frances	Curran DEATH July 7 1959	77
	IED NEVER MARRIED 8		<
Female White WIDOWE		112 y), 1092 67 yrs. Months Days Min.	
out occupation (Give kind of work done 10b during most of working life, even if retired) Saleswoman	utzler's Stor	Baltimore, Maryland United Stat	
13 FATHER'S NAME.		14 MOTHER'S MAIDEN NAME	*
James M. O'Neill		ELEANOR RUTH	
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. M	FORMANT Address	~
	19-20-8915 E	leanore Lomp 907 Locustvale Rd. Balt	0.
18. CAUSE OF DEATH Enter only one cause per line	A T T T T T T T T T T T T T T T T T T T		-
probablemmediate cause (e) he	art attack of	ccurring while swimming unknown	
		WIRITOWIT	-
Conditions, if any, which) pri	or heart di	sease, type unknown	
gove rise to immediate cause	1100120 021	souse, ejpe unanown	
(a), storing the underlying DUE TO			
	ONTRIBITING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY	-
nrobable heart atta			
Product Hear acca		in Chesapeake Bay, while swim ves No	_
		the region of rider's in contribution to the second in the	1
			hr
Not Hour auch White	le Not while 1 rocto	the OF INJURY (Home, form, 120f, (City or town) (County) (State) ry, street, office bldg., etc.)	
The state of the s		sapeake Bay Betterton, Kent, Md.	
21 I certify that I took charge of the	remains described above	re, held on Autopsy 🔲, Inspection 🛴, Inquiry 🛣, and in m	Y
opinion death resulted from Natural at 9:00 p.m. July 7	causes A, Accident [, 1959], Suicide [], Homicide [], Undetermined monner []	
SIGNATURE Florenceder	ingentoge	M.D. CHIEF MEDICAL EXAMINER	
	0-717	ASSISTANT MEDICAL EXAMINER JULY 8, 1959	
NAME (Type) Florence Deri	nger Jovce	DEPUTY MEDICAL EXAMINER	
220 BURIAL CREMATION, 226 DATE THEREOF	27c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lawn, or county) (State)	*15.
Burial 7/11/59	New (athedra		
23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	-
John A. Moran-3000 E. B.	altimore Street	et DATEUL 1 N'59 October 1	
		DATEUL 10'59 Oathur	



8042 **CERTIFICATE OF DEATH** Reg. Dist. Nol SAR With the directar PLACE OF DEATH haurs after death. Page 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) . COUNTY Filed Maryland **b.** COUNTY MARYLAND funeral CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give dearest town) Millington plants nectentown NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION . IS RESIDENCE d STREET ADDRESS YES NO TO 3. NAME OF Middle 4. DATE First Lost Year DECEASED July 11. (Type or print) DEATH 19 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED X B DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours complete WIDOWED [7] DIVORCED [7] 100. USUAL OCCUPATION (Give Aind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Chestertown, and. USA none 13. FATHER'S NAME 14 MOJRER'S MAIDEN NAME IS, WAS DECEASED EVER IN U. S ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address Hospital Records no CAUSE OF DEATH [Enter only one couse per line for (a) (b); and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 6 X DUE TO þ Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO. 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, 20d. INJURY OCCURRED 29e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (State) (County) foctory, street, office bldg., etc.) Hour a. m While Not while of work at wark 14., 19.5.4, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 3 alive on_ A.M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) William M. Gatewood FUNERA 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town or county) (Stote) REMOVAL (Specify) Janes Cem. Chestertown, ad. 0 23 FUMÉRAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Chestertown, Md. DATE JUL 1 5 '59 Cirling & House VS A1S (4) 1SM 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





			MARYL	AND STA	TE DEPART	MENT OF H	HEALTH-BA	LTIMORE,	18		
. (81	043	CERTIFIC	ATE OF	DEATH		Reg. Dist. I	181, or	132
W M	1. P	LACE OF DEATH COUNTY	KONT		MARYLAND		DENCE (Where dece	ased lived. If imits b. COUNT			lon)
	Ī	RURAL and give o	(If outside corporate limit nearest town)	rs, write c. LEN	IGTH OF STAY IN 15		TOWN (If outside co tertown.		RURAL and give	neorest lown)
	ſ		TAL (If not in hospital, g	ive street oddress)	s 465,	d. STREET		1		•. IS RESI ON A YES	IDENCE FARM?
,		NAME OF DECEASED Type or print)	P.S. Pri		Middle Revi	G0/1	4. DAT OF DEA		onth	0	Yeor 1959
1	5 S	EX MALC	6. COLOR OR MACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRT	rh -9	9. AGE (In year last birthday	Months Do	AR IF UNDE	
	10a	USUAL OCCUPAT during most of wo	ION (Give fund of work of rking life even if retired	done 10b KIND O	OF BUSINESS OR IN	Nen Ken		_	12 CITIZE	TTSA	COUNTRY
5 5	13.	FATHER'S NAME	- Alban	T Ball	DSBORO	14. MOTHER	S MAIDEN NAME	Both 9	Hope	=	
2 hours			ER IN U. S. ARMED FOR	ervice)	SECURITY NO. 17	INFORMANT MOTA	100 -	A	idress		
			EATH [Enter only one co ATH WAS CAUSED BY:			no de	Perda	21.		NTERVAL BE	TWEEN DEATH
y event		762.5 Conditions, if	IMMEDIATE CAUSE (o		ua du	iti	alle	1408	=]		
		gave rise to couse (a), stating lying couse last	g the <u>under-</u> DUE TO)		7		0			
	FICATION	PART II O	THER SIGNIFICANT CON	DITIONS CONTRIB	BUTING TO DEATH B	UT NOT RELATED T	O THE TERMINAL DIS	EASE CONDITION C	GIVEN IN PART 1(c	PERFO	AUTOPSY RMED? NO [
š	CERTIFI	200 ACCIDENT WOR CONTRIBUTIN	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	OW INJURY OCCUR	RED, (Enter noture	of injury in Port I or	Port II of item 18.)			
cremotion,	MEDICAL	20c. TIME OF INJU Hour o.m. p. m.	10	While N	OCCURRED 20e lot while l work	PLACE OF INJURY foctory, street, office	(Home farm, 20f. (ce bidg., etc.)	City or lown)	(Cour	nly)	(Stote)
		21. I certify	that I attended the	deceased fro	_	th occurred o	9, to 7-1	-	7, that I last		
2		ACTUAL SIGNATURE	Leas ;	Paul	Keiss	un 2		(Street, city or low			ATE SIGNE
ſ		PHYSICIAN'S NAME (Type)	HARRY :	PAU/	Ross	C	kester	town,	Elle	L	
he registror	220	BURIAL, CREMATI	July 9	of 22c	NAME OF CEMETERY Broad I		27d to n∉ar	Chester		(\$foli	e)
} *	23.	FUNERAL DIRECTO	R'S SIGNATURE	, A	hestert	wn, Md.	240. REC'D BY REC DATE JUL 1 0	GISTRAR 246. RE	GISTRAR'S SIGNA	TURE	
()		2071	/ // X X/ *	-							



VS A1S (4) 15M 9/55

	8044 CERTIFICA	ATE OF DEATH	Reg. Dist. No. (18/133					
	PLACE OF DEATH o. COUNTY Kent MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE Maryland	. If institution: Residence before admission) b. COUNTY Kent					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate tin	nits, write RURAL and give nearest town)					
	Chestertown 5 years d. NAME OF HOSPITAL (If not in hospitot, give street oddress)	chestertown	e. IS RESIDENCE					
	OR INSTITUTION Kent Street	Kent Stre	Chi (FADIA					
	3. NAME OF PECEASED (Type or print) Elizabeth Agnes Gorsuch	Lost 4. DATE OF DEATH	July 17 Doy Year 1959					
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	June 20, 1891 68	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Doys Hours Min					
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.					
	13. FATHER'S NAME							
	Henry Ritmiller Agusta Cooney 5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address							
	(Yes, no, or unknown) iff yes, give wor or dates of service(N) 2		estertown, Md. (son)					
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Cerebral hemorrhage 2 hours?							
	33/X Conditions, if ony, which) Due to Hypertension		7 years					
	gove rise to immediate couse (a), stating the under-lying couse tast DUE TO (c) Arteriosclerosis		7 years					
2		NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
	OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II af	item 18.)					
	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED to the feet work of work of work of the feet work	ACE OF INJURY (Home, farm, 20f. (City or tox clary, street, office bldg., etc.)	vn) (County) (Stole)					
	21. I certify that I attended the deceased from 1-31-	, 19.57 , 10.7-17	., 19.59 ,that I last saw the deceased					
			causes and an the date stated above.					
	ACTUAL SIGNATURE DECICLE	ADDRESS (Siree), c						
1	PHYSICIAN'S A.C. Dick	188888 * * * * * * * * * * * * * * * * *	70-0-0-0-0-1					
	220 BURIAL CREMATION, 226 DATE THEREOF Chester Co. Chester Cer. 27/19/59		City, town, or county) (Stote) ertown, Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chestertor	240 REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

TO HOSPITAL OR ATTENDING PHY

and any participation of a mining physician and a more death certificate be executed with more be retained by the hospital of a more death of the control of

· death: Page 4

t funeral director, ould be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 2058 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Kent raryland **b** COUNTY MARYLAND Kent b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Rural - Chestertown Chestertown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? क्षामा । * Fairlee near FairLee YES INO NAME OF First Middle 4. DATE Month Year Day DECEASED Albert B. Groves (Type or print) DEATH July 25. 195919 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS nale white Months Days WIDOWED [7] DIVORCED [Oct. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? lent Co. Maryland Tenant Usa 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James H. Groves Sarah Baker WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rs. Albert B. Groves - Chestertown, 5-38-110 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which (b) gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY WEDICAL CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I attended the deceased fram 125 1959 that I last saw the deceased alive on and that death occurred Mafram the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE /25/59 PHYSICIAN'S orbert C. Titsch Ch Rock hallu hd. NAME (Type 220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (State) -REMOVAL (Specify) Chestertown, na. Ju Paul Cem. na

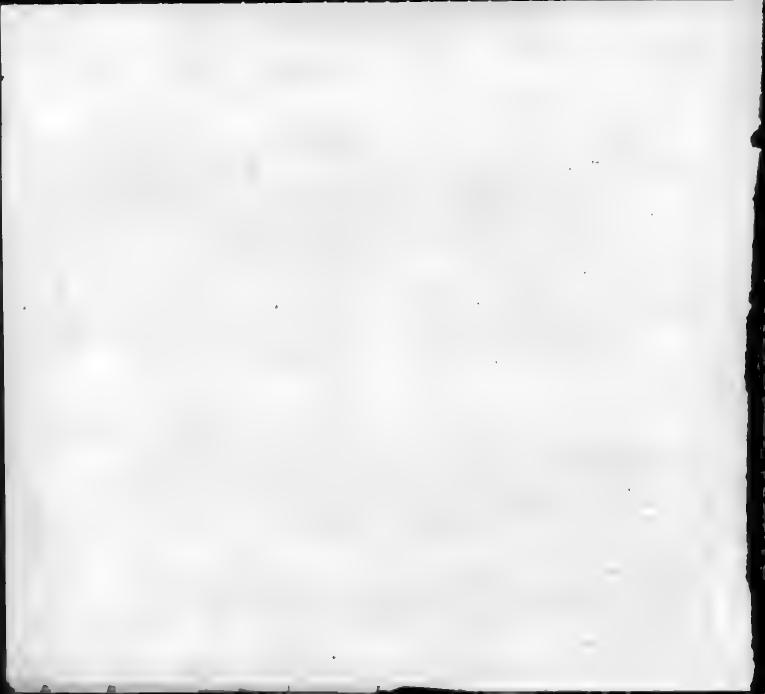
24a, REC'D BY REGISTRAR

DATEJUL

246. REGISTRAR'S SIGNATURE

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE



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I COOKING OF EACHING THE TOTAL THE COURT COUNTY OF EACHING OF EACH	may be relained by the haspital a lending phacton.	TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director	page 3 shr. be detached for use as the burial-transit permit. Then please remive carbanipapers. Pages 1 or should be filed well	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
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		Same.		

			D STATE DEPARTM	ENT OF HEALTH-	-BALTIMO	RE, 18	
		804	5 CERTIFICA	ATE OF DEATH		Reg. Dis	. No. 1181135
	1, 1	Act of Death O COUNTY	MARYLAND	2. USUAL RESIDENCE (Where		If institutions Residence	before admission)
	1	RURAL bld give learest town)	c LENGTH OF STAY IN 16	e CHYOR TOWN (If out	ide corporate limit	s, write RURAL and g	va nearest lown)
1.		NAME OF HOSPITAL (If not in hospital, give street or institution	1. 1.1	d STREET ADDRESS	Ò		IS RESIDENCE ON A FARM? YES NO
	- (NAME OF First DECEASED Type or print)	Middle Garage	Hudson	DATE OF DEATH	Month 7	Day Year /2 1959
		Engle White WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/25 /188:	1 - 76	le la faire la	YEAR IF UNDER 24 HRS Days Haurs Min.
	10a	USUAL OCCUPATION (Give kind at work done to during most at working life, even if retired)	6 KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (SIDIO OF	foreign Country)	12 CITI	TEN OF WHAT COUNTRY?
	13.	James Walls		14 MOTHER'S MAIDEN NA	/\ (),	vill	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO 17.	Lace hts	(Lun 10	in mel
		18. CAUSE OF DEATH [Enter only one couse per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a). (b) and (c).]	Can Un 24	train	J	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the under	unto prote	un Myre	whil	Dances	
	7	lying cause lost. (c)		/			
ş	CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITION					1(a) 19 WAS AUTOPSY PERFORMED? YES NO. 2
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injusy in Par	rt 1 ar Part II of ite	m 18 }	
	MEDICAL	Haur a.m. Whi	4	ACE OF INJURY (Home, form, ictory, street, affice bldg., etc.)	20f (City or tawn) (C	aunty) (State)
		21. I certify_that I attended the dece	ased from7	, 1957, 10	//2	192 Lithat Like	ast saw the deceased
		alive on 19	and that death		M, fram the control, city		e date stated above. DATE SIGNED
1		ACTUAL SIGNATURE (LLIAM)	GATENOO	M.D. CALDTE	rtern	-p I-VI-&	7/17/5
	220	BLEID CREMATION, 276. DATE THEREOF	22c. NAME OF CEMETERY C	TON	E. M. L. C.	ly, tawn, ar county) V A / V / V	(State)
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS N P Musel	26 PA DATEJUL	EY REGISTRAR	Coshua & 1	
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24 haurs ofter death. Page 4 the funeral director, should be filed with M X ,<u>e</u> may be retained by the hospital at the feeding physician.

TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shows be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. JAN: The law requires that the death certificate be executed TO HOSPITAL OR ATTENDING PH VS A15 [4] 15M 9/55 alchor 1. permedy

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
L	8059	CERTIFIC	CATE OF DEATH		Reg. Dist. No.			
1.	PLACE OF DEATH a COUNTY	MARYLANI	II o STATE	b. COUNTY	Residence before admission)			
	b. CITY OR TOWN (If outside carporate limits, wing RURAL and give nearest town)	rite c. LENGTH OF STAY IN 11		otside corporate limits, write RU	RAL and give nearest town)			
	d. NAME OF MOSPIFAL (If not in hospital, give so OR INSTITUTION	treet address)	d. STREET ADDRESS	ch	o, is residence On a farm? Yes \(\) no \(\)			
3.	NAME OF DECEASED (Type or print) Howa	nd Edwit	nd Merch	4. DATE Month OF DEATH	Doy Year / 14 1959			
5	1111	MARRIED NEVER MARRIED DOWED DIVORCED	JUNE 11, 1889		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.			
10	o USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) A 50 N	106. KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (Stole of	or foreign country) . MALLY BALC	12 CITIZEN OF WHAT COUNTRY			
13	Charles Edup	ind Merch	14. MOTHER'S MAIDEN N.	ame le Lineda	Geiser			
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or untropien) If yes, give wor or dofus of service)		Wes. Howard E	March Di	ynch, Md			
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c)]	Herender.	ri	INTERVAL BETWEEN ONSET AND, DEATH			
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last.	Ortenon	Carry' g	<u>enalyed</u>	6 jeans			
CATION	PART II. OTHER SIGNIFICANT CONDITIO	DNS CONTRIBUTING TO DEATH E	OUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO			
L CERTIFI	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injury in f	art I ar Part II of item 18)				
MEDICA	20c. TIME OF INJURY Month, Day, Year 2 Havr a. m. 19 p. m. 19	204. NJURY OCCURRED 204. While Not while of work at work	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)	20f (City or town)	(County) (State)			
	21. I certify that I attended the decalive on Jaly 14., ACTUAL SIGNATURE PHYSICIAN'S ACTUAL TYPE ACT	Street of the last			that I last saw the deceased and an the date stated above DATE SIGNED ATE STATE AND ATE			
	BURIAL CREMATION, 226 DATE THEREOF BURIAL 7-17-5	1 3//2- /-	OND CEMT!	22d LOCATION (City, town, or STILL PO)	VD, MD.			
23	. FUNERAL DIRECTOR'S SIGNATURE	STILL A	DATE UL		PAR'S SIGNATURE			



2.24 havns after death. Page 4 filled in by the funeral director, ges 1 or should be filed with ATTENDING PHYSTAN: The law requires that the death certificate be executed within 24 of by the haspital a profiled physician.

*ECTOR: After this certificate has been signed by the altending physician and camplele, filled be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 are to burial, cremation, ar remayal, and in any event within Zerhaus, after death. TO HOSPITAL DR may be related TO FUNERAL Page 3 sho the registrar

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8060

CERTIFICATE OF DEATH

Reg. Dist. No. 18038

1.	o. COUNTY	ent		MARY	rland	2. USUAL RESID	ence (Who	ere deceased	Lived. If institute b. COUNTY	anı Residen J	ce before am 🐈	odmissio	n)	
	b. CITY OR TOWN (IF RURAL and give-ned LTC) CIT + LEC	DWN (If outside corporate limits, write give nearest, lown)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	d NAME OF HOSPITA OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)												
3.	NAME OF DECEASED (Type or print)	John	st	Middle		lolny		4 DATE OF DEATH	July	ilh	Doy 17		ear 9 59	
S.	SEX 75 To	6. COLOR OR RACE	7. MARRI WIDOWE	ED NEVER MARRI		DATE OF BIRTH	_ ეგი !		9 AGE (In years lost birthday) yrs	Months Months		Hours	Min	
16	during most of working life, even if retired) Ashley Packing C					31						ITIZEN OF WHAT COUNTRY! UBA		
13	Refriers NAME Wojciech Nodolny					14. MOTHER'S	maiden n	_						
) 15	. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dales of s	BLAICE[SOCIAL SECURITY HO 217-07-1101		ormant enislaus	s Nado	lny 6	Add 14 South		ingto	on S	treet	
	PART I, DEAT	TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o		e for (o), (b), and (c).	1 1 2 2 4 7	· *	men e	4.20	ż			VAL BET		
	Canditions, if ony, which gave rise to immediate (b) His strange (-Air) 12 Allis													
CERTIFICATION	lying couse last. (c) William Anterior													
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Manih, Doy, Yee	While	JURY OCCURRED Not while of work	20e. PLAC focto	E OF INJURY (+ try, street, affice	tome, form, bldg., etc.)	20f (City	or town)	(0	ounty)		(State)	
	21. I certify/that I attended the deceased from. 19													
2.	BURIAL CREMATION REMOVAL (Specify)	July 21		225 NAME OF CEM	ETERY OR	CREMATORY		228 LOCATI	MON (City, town,			(Slote)		
23	Suntal DIRECTOR'S	3 Weber	705	ADDRESS S. Al -	St;	Da1+		BY REGISTR		STRAK'S SIC				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08039

a. IS RESIDENCE

Dov

Hours

INTERVAL BETWEEN ONSET AND DEATH

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12 days

days

PERFORMED? YES NOTE

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

Dovs

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(County)

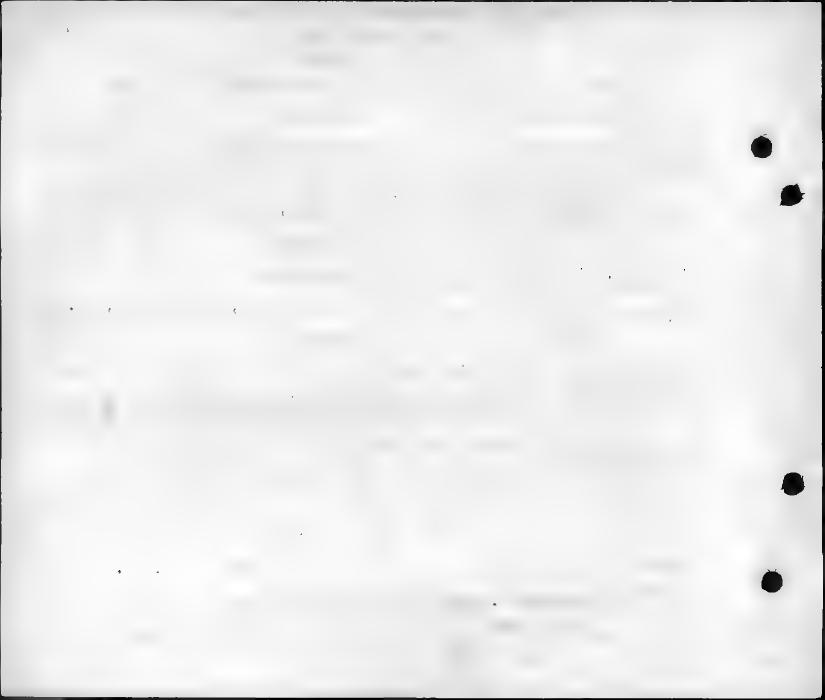
ON A FARM?

YES NO TO

Year

1959

Min



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CERTIFICATE OF DEATH

Red Diet No.

	001	9	Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE								
	1. PLACE OF DEATH o. COUNTY										
	K ENT	MARYLAND	Md	b. COUNTY	-						
	b. CITY OR TOWN (If autside carporate limits, write BURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide carporate limits, write RURAL and g	nd give nearest town)						
	CHESTERTOUN		X KENN	EDVILLE							
	d. NAME OF HOSPITAL (If not in hospital, give street	el oddress)	.d. STREET ADDRESS . IS RESIDI								
1	OR INSTITUTION KENTA QUEENA	NUES HOSP			ON A FARM? YES NO (3)						
	3 NAME OF DECEASED (Type or print)	Middle LEE	REESE	DATE Month OF DEATH TULY	Day Yeor 14 1959						
	1 2 Lances	RRIED NEVER MARRIED 🔀	B. DATE OF BIRTH JULY 12, 195	lost birthdoy) Issues	YEAR IF UNDER 24 HRS Days Haurs Min.						
	10a USUAL OCCUPATION (Give kind of work done 10	6 KIND OF BUSINESS OR INDU									
	during most of working life, even it retired)		MARYCAND USA.								
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAM		, , , ,						
	TAUES DOT DESSE										
/	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1		NFORMANT	ET FLIZABET	n Morey						
	(Yes, no. or unknown) [If yes, give =or or dures of service)		and the same of th	CORDS CHESTE	ERTOUN, MID						
	18. CAUSE OF DEATH [Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: Mer class Cashalus + pavere + extension ONSET AND DEATH										
	12 d X DUE TO										
	Conditions, if any, which) is spinal loililes - Zakes 2										
	gove rise to immediate										
	lying cause tast.										
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)										
	200. ACCIDENT WAS UNDERLYING (200. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Port 1 or Port II of item 18.)										
	20c. TIME OF INJURY Month, Day, Year 20d. Whi		ACE OF INJURY (Home, form, story, street, office bldg., etc.)	20f (City or town) (Ci	ounly) (State)						
	₹ p. m. 19 at w	ark at work									
	21. I certify that I attended the decer	ased from 7/12	1959, 10	7-14 1954 that 11	nst saw the deceased						
	olive on 7-14 19	A = A C / C									
	00 ==	1	AD	DRESS (Street, gity or lawn, state)	DATE SIGNED						
	SIGNATURE RILLIAND	tan	us Cho	Testing, mi	1 7/14/50						
П			m.u.	energia de la	~(126-J.f.~)J.						
	PHYSICIAN'S RUBEP	TW. FARI	R								
	220 BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O		d. LOCATION (City, lawn or county)	(State)						
	BURIAL 7-16-59	CHESTER C	EMETERY	CHESTERTOWN	MD.						
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D E	RY REGISTRAR'S SIG	NATURE						
	alder M. Tenne	dy SITEL PA	DATE UN DATE	16 59 Chillian 2, 1	track						
		7									

VS A1S (4) 15M 9/S5



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08042 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY **b** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCI OR INSTITUTION ON A FARM? YES NO K NAME OF Middle 4. DATE Last Month Day Year DECEASED 195 (Type or print) DEATH IFAUNDER I YEAR IF UNDER 24 HR S. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) 7. MARRIED NEVER MARRIED Doys Months Hours Min. WIDOWED I DIVORCED | O yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Store or foreign caunity) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT (If yes, give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE TO $LLL3 \times$ DUE TO Conditions, if any, which gove rise to immediate DUE TO cottse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY I Home, form, 20d. INJURY OCCURRED Doy, Year 20f. (City or lown) (County) (State) foctory, street, office bldg., etc. use Hour o.m. While Not while ol work 🗍 of work p. m. 21. I certify that I attended the deceased from . 19.54 that I last saw the deceased alive an Alive M. fram the causes and an the date stated above. and that death occurred at APDRESS (Street; city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOS 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (Stote) REMOVAL Specify) EUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A1S (4) France 1SM 9/SS

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	Reg. Dist.	No.								
	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE [Where deceased lived If institution, Residence & o STATE // HRY/HWD b, COUNTY CO.	before admission)								
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give RURAL and give negrest town) LUTUR REPORT OWN (If outside corporate limits, write RURAL and give RURAL	nearest town)								
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CMERG ROAL KENTO DUCEN HUNCS	15 RESIDENCE ON A FARM? YES NO M								
	3 NAME OF DECEASED (Type or print) MARGARET ANN ROY DEATH JULY	00y Year 19 19 59								
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FEMALE NEGRO WIDOWED DIVORCED DEC 28, 1958 1958 1958 2	FAR IF UNDER 24 HRS. y2 Hours Min.								
	during most of marking life own if entired	S. A.								
)	13. FATHER'S NAME (N) KOY MARJORIE W)1/sow								
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT REPORTED ROY KOWNEDLY OF SECURITY NO FRED ROY KOWNEDLY OF SECURITY NO FRED ROY	11/0								
		INTERVAL BETWEEN ONSET AND DEATH								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(I) 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH II If EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO ST								
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a m. While Not while of work of work of work of work of work of work of work.	nty) (State)								
/	21. I certify that I attended the deceased from 19 July , 1957, to 19 July , 1957, that I lost saw the deceased alive an Neucle 19 , and that death occurred at OBAM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE PHYSICIAN'S LIO OD, A DALL' ROSS (Street, city or town, state) PHYSICIAN'S LIO OD, A DALL' ROSS (Street, city or town, state)									
	PAME (Type) / MAKE U THO 10055 COCCOTECT OF COUNTY) 20 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7-21-59 MT. ZION CEMTY STILL POND	(Stote) MD								
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS STILL PONDIND DATEJUL 2 1 '59 Only 8. Kg									



may be retain TO FUNERAL

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

08043

1. PLACE OF DEATH a. COUNTY	UNID 2	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY										
Ke.		Maryland Kent										
b. CITY OR TOWN (RURAL and give n	1 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)										
	tertown		X Rock Hall									
d. NAME OF HOSPI	TAL (If not in hospital, g		Ad. STREET ADDRESS . IS RESIDENCE									
OR INSTITUTION	oon tone H		Sharp St. ON A FARM? YES NOTE									
	een Anne Ho				911	Pit h					101	140-1971
3. NAME OF DECEASED	Fir	31	Middle		Lost		4. DATE	Mo		D	oy 1	/eor
(Type or print)	ANN		SHIRK				DEATH	Jul	у 29		1	9 59
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. 0	DATE OF BIRTH			9. AGE (In years	IF UNDE	R LYEAL	R IF UNDE	R 24 HRS.
F.	W.	WIDOWE			ept. 15	188	5	fost birthday)	**********	Days	Hours	Min.
			KIND OF BUSINESS OR	- 100			4			ITIZENI A	OF WHAT	COUNTRY
during most of wor	king life, even if retired)		MPOJIK				wiii y j	112.00			CODIVINI
houseke	eping		home		Middle					U.S	5.A.	
13. FATHER'S NAME					14. MOTHER'S M	AIDEN N	AME					
John Fra	nklin Ober				Emma	Nies.	ley					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO				Ad	dress			
(Yes, no er unknown)	(If yes, give wor or dates of a	PO PO	3-07-0654A	Mr.	P. O. S	hirk	1	Rock Hal	1. Md			
										,		
	ATH [Enter only one co	use per lir	ne for [a], (b), and (c).	1)	11		,	6 11		- ON	ERVAL BE	DEATH
PARI I. DEA	PART I. DEATH WAS CAUSED BY: Core para () DESCUE CONSET AND DEATH											
33/X												
Conditions if a	Conditions, if any, which) in John which											
	gove rise to immediate											
	couse (o), stoting the <u>under-</u> DUE TO											
	lying couse lost. (c)											
PART II. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?											
131 /	PERFORMED?											
200. ACCIDENT W	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH											
PART II. OTI	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]											
		ar 20d D	NUMBY OCCUPATION 2	DA PLACE	OF INITIAL IN	ma form	205 2016	on town!		10		104-4-3
20c. TIME OF INJUR	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City ar town) (County) (State) Hour o. m. While Not while											(andle)
₹ p. m.	19 of work of ol work											
21. I certify th	21. I certify that attended the deceased from 1955, to 1955, to 1955, to 1955, that I last saw the decease alive on 1955, to 1955, the last saw the decease alive on 1955, to 1955, the last saw the decease alive on 1955, to 1955,											deceases
alive on	12 29	10.	9 cod that d	logth-o	corred ot	-300	DIA from	the couses	7			
1	7		1 11		Con rannon					4	DA	TE CICILE
ACTUAL //	ADDRESS (§freet, city or lown, state)											
SIGNATURE	1 Chelle	161	124666	M.D),					120,	/3	Z
PHYSICIAN'S	BHYCMIANIC											
NAME (Type)					0							
270. BURIAL, CREMATIC)F	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCAT	ION (City, town,	or countyl		(State	1
REMOVAL (Specify)		1050			_			, ,			14.41.	•
Burial 23. FUNERAL DIRECTOR	S SIGNATURE	1959	ADDRESS		amatery			hethtow	ISTRAR'S S	ICA LA TA	on C	
							BY REGIST			_		
Marvin V	. Williams	Che	stertown, M	d.	D	DATE JU	L 3 1 '5	Da C	withing a	. The	MA.	

RUDAL CERTIFICATE OF DEATH * . . The state of the s and the state of t hours after death.

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Signer and provide of Acres